MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
08/917044	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
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13		/				
14		/				
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43		/				
44	/					
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.		↵		↵		↵
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
59		/				
60	/					
61		/				
62		/				
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69		/		/		
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73		/		/		
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83	/			/		
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88				/		
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92						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↵	5	↵		↵
TOTAL DEP.			108			
TOTAL CLAIMS			113			

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS